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APPLICANTS

Gary G. Schwaegerle, Cincinnati, OH;

** CONTINUING DATA *****

This application is a DIV of 10/068,592 02/05/2002 PAT 6,721,976

** FOREIGN APPLICATIONS *****

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

026875
 WOOD, HERRON & EVANS, LLP
 2700 CAREW TOWER
 441 VINE STREET
 CINCINNATI, OH
 45202

TITLE

Surgical table

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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